
Please note that Glades Christian Academy Preschool **WILL NOT administer any medications.

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency if for some reason the custodial parent or legal guardian cannot be reached

Name	Home Phone	Work Phone	Cell
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Name	Home Phone	Work Phone	Cell
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Name	Home Phone	Work Phone	Cell
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Name	Home Phone	Work Phone	Cell
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Name	Home Phone	Work Phone	Cell
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Name	Home Phone	Work Phone	Cell
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PLEASE PROVIDE **ONE** EMAIL FOR A PARENT FOR COMMUNICATION PURPOSES

Parental Agreement

My signature below indicates that I have read, understand and agree with Glades Christian Academy Preschool Agreement in its entirety.

- In the event that my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:
 1. Contact a parent of the child and follow his or her instructions.
 2. If the parent(s) cannot be reached, and the situation is warranted, call 911.
- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services that require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the school Director or her designee to furnish on my behalf such written or verbal authorization that may be so required. Further, I release the Director or her designee and Glades Christian Academy Preschool and The Church by the Glades from any liability that might arise from the giving of such authorization it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- I understand some students appear in school promotional pictures, ads and videos. I give my permission for my child to participate if selected.
- I understand that my child cannot be enrolled until the registration fee has been paid and the enrollment forms have been signed. The registration fee and any tuition paid are not refundable.
- I agree to be personally responsible for all financial obligations incurred at Glades Christian Academy Preschool. Registration payments will not guarantee placement for any upcoming school year until all balances have been paid.
- Glades Christian Academy Preschool reserves the right to refuse any application or to dismiss any child at any time for unacceptable behavior or for any other reason it deems necessary. We will always try and do what is in the best interest of all children. Neither this application nor payment of fees is considered to be binding upon Glades Christian Academy Preschool.
- I have received and read the discipline/behavior policy

- I understand that my child will be participating in outdoor play, twice a day for approximately 30 minutes each time. Please make sure your child is wearing comfortable clothing and girls wearing skirts/dresses have shorts underneath. Closed toed shoes are preferred for safety as well as sandals with straps.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Director's Signature _____ Date _____

Helpful information about your child

I acknowledge the receipt of the following:

Child Care Facility Brochure, "Know Your Child Care Facility", and The Influenza Virus, The Flu, A Guide to Parents.

Signature of Parent

Date

Alternative Nutrition Plan

Date: _____ Name of Facility: Glades Christian Academy Preschool

Dear Parent:

In accordance with the Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and lunch.

Please read the following carefully and sign.

The parent agrees to provide a nutritious:

___ Morning snack

___ Lunch

___ Afternoon snack

I have read and agree to meet the child's nutritional needs as defined above.

Director's signature

Parent's signature

Parent, please tear and keep this portion. Meals provided by parents shall consist of the following:

- | | |
|--------------------------|----------------|
| Meat/Poultry/Fish | 2 ounces |
| or cheese | 2 ounces |
| or eggs | 1 egg |
| or peanut butter | 4 tablespoons |
| or dried beans/peas | ½ cup |
| A. Fruits (2 or more) | ½ cup |
| or vegetables | ½ cup |
| or fruits and vegetables | ¾ cup total |
| B. Bread | 1 slice |
| C. Butter | 1 teaspoon |
| D. Milk | 1 cup, 8 ounce |